Web Based Testing (WBT) Request Form

THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

PLEASE ATTACH A TYPED LIST OF STUDENTS THAT WILL BE TESTING.

College Name

Mailing Address (include suite # if applicable)   City   State   Zip Code

Program Director

Phone Number   Email

Secondary Contact   Job Title

Phone Number   Email

Would you like the NBSTSA to copy the above listed secondary contact on all communication? ❑ No ❑ Yes

Proctor   Job Title

Department

Phone Number   Email

Number of students testing: _____

Examination date requesting: _____
   Paperwork must be submitted a minimum of 45 calendar days prior to the requested examination date.

Examination start time: _____
   Please remember AMP authorizes candidates up to 4 hours to complete their examination.

Expected date of graduation or date range if school is open exit: _____
   Please note date range will not be accepted in lieu of official proof of graduation. Official proof of graduation must reach the NBSTSA office within 60 days of the students examination date per NBSTSA policy.

Degree being awarded: ❑ Associates   ❑ Certificate or Diploma